



Client Grievance and Complaint Form

Program: ☐ SF Detox ☐ Men's Residential ☐ Women's Residential ☐ Men's Extended ☐ FCDRC

☐ Grievance concerning services received☐ Complaint involving fellow client(s) ☐ Other

For requests such as phone calls, alternative meal options, etc., please submit Client Request Form instead.

Nature of grievance or complaint: _____

Name of client filing grievance or complaint: _____

Name of individuals and/or staff involved, if applicable: _____

Please provide a detailed explanation of the circumstances and events surrounding your concern:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Client signature: _____

Date: _____

*Please submit this form to any staff member or mail to:

Quality Assurance

2504 Camino Entrada, Santa Fe, NM 87507



For Staff Use Only	
Receipt of Client Grievance or Complaint	Resolution Contact
Supervisor/Director: _____	Date Investigation Completed (if applicable): _____
Date: _____	Date Client Notified: _____
	Contacted By: _____
	Method of Contact: _____

Investigation/Outcome Summary:

*Send completed form to Quality Management